Edgar Filing: Murphy Charles H - Form 4

Murphy Char	les H																							
Form 4																								
May 31, 2011	l																							
FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL														
	UNITE	ED STATES				ND EXC D.C. 205		NGE (COMMISSION	OMB Number:	3235-0287													
Check this				U						Expires:	January 31,													
if no long subject to	er STAT	EMENT O	F CHAN	GES IN BENEFICIAL OWN					NERSHIP OF		2005													
0	Section 16.				SECURITIES					Estimated average burden hours per														
Form 4 or										response 0.5														
Form 5	C	-						-	ge Act of 1934,															
obligation may conti				-		-			f 1935 or Sectio	n														
See Instru 1(b).		30(h)) of the Inv	vestme	nt C	Company	/ Act	of 19	40															
(Print or Type R	esponses)																							
Murphy Charles H Symbol PROS				PROS Holdings, Inc. [PRO]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)															
													(Last)	(First)	(Middle)	3. Date of			nsaction			Dimenter	100	0
																	fonth/Day/Year) 5/27/2011					Director X_ Officer (give		b Owner er (specify
5100 100 100	511121,50		03121120	/11					below) EVP & Cl	below) hief Financial C	Officer													
	(Street)		4. If Amer	ndment,	Date	Original			6. Individual or Jo	oint/Group Filin	1g(Check													
				Month/Day/Year)					Applicable Line)															
									X Form filed by															
HOUSTON,	TX 77002								Form filed by M Person	viore than One Re	eporung													
(City)	(State)	(Zip)	Table	e I - Nor	1-De	rivative S	ecuri	ties Aco	quired, Disposed o	f, or Beneficial	lly Owned													
1.Title of	2. Transaction	Date 2A. Dee	emed	3.		4. Securi			5. Amount of	6. Ownership														
Security	(Month/Day/Y	TransactionAcquired (A) or Code Disposed of (D)					Securities	Form: Direct	Indirect															
(Instr. 3)		any (Month/Day/Year)				Disposed (Instr 3			Owned I	(D) or Indirect (I)	Beneficial Ownership													
		(infontia	Duj, i cui)	(Instr. 8) (Instr. 3, 4 and 5)				2)			(Instr. 4)													
							(A)		Reported															
							or		Transaction(s) (Instr. 3 and 4)															
~				Code	V	Amount	(D)	Price	(111501. 5 and 4)															
Common Stock	05/27/2011			G	V	1,000	D	\$0	264,720	D														

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

Reporting Owners

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	ss							
1 0	Director	10% Owner	Officer	Other				
Murphy Charles H 3100 MAIN STREET SUITE 900 HOUSTON, TX 77002			EVP & Chief Financial Officer					
Signatures								
J. Scott McClendon, Attorney-i Murphy	n-fact for	05/31/2011						
**Signature of Report	ing Person	Date						

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.